

Instructions

Maternal Consent to Release Protected Health Information

M404 (11-01-15)

These instructions are intended to clarify data fields that users have asked about in the past and to provide definitions for other fields to ensure that all users are interpreting them in the same way. If you have any questions about these instructions or think further instructions are needed, please contact Deb Marciniak at marciniakd1@michigan.gov or 517 324-8314.

Explain how MIHP would share beneficiary's protected health information as described at the top of this form.

Authorizing Other Parties to Receive Protected Health Information (PHI)

- I authorize the MIHP agency (_____) to share my health information with other parties as specified below: Make sure that your agency name is inserted here. You may not cross out the name of another agency and write in the name of your agency. You may prepopulate this field.
- In the grid on the second half of the page, insert the names of the parties with whom PHI may be shared:
 - Insert the prenatal care provider's name on the first line. If the beneficiary does not have a prenatal care provider at the time of MIHP enrollment, add the name to the form at a later date and ask the beneficiary to date and initial it. If the beneficiary changes prenatal care providers during the course of care, add the name of the new provider to the prenatal care provider section of the grid and ask the beneficiary to date and initial it. Also, document that the beneficiary is no longer seeing the first prenatal care provider to ensure that PHI is not sent to this party.
 - Insert the names of other providers on the remaining lines. You may prepopulate the grid with the names of the other providers to which beneficiaries are most likely to be referred (e.g., WIC, MDHHS, CMH, lactation consultant, food bank, baby pantry, etc.).
- Ask the beneficiary to verify each party with whom information may be shared by providing the date (in the second column) and her initials (in the third column). This must be done separately for each party. She may not date and initial one party and draw arrows to indicate that the same date and initials also apply to other parties.
- Explain the seven numbered items beginning at the bottom of page 1 to the beneficiary.

- Ask the beneficiary to check one of the boxes: I DO or I DO NOT consent to the release of protected health information as specified in this form. You may not prepopulate this field, unless you present the beneficiary with two separate forms, one checked “I DO” and one checked “I DON’T.” You may check the box for the beneficiary while the two of you are discussing and completing this document.

Signatures Section

- Beneficiary Name: Print the name of the pregnant woman.
- Legal Representative Name if Applicable: Print the name of the legal representative if:
 - The pregnant beneficiary is under 12 years of age.
 - The pregnant beneficiary is 12 years of age or older and has a court-appointed guardian to make her personal decisions such as medical care decisions.

If there is no legal representative, you may leave this field blank or write “NA.”

- Legal Representative Relationship to Beneficiary: Write “mother,” “father,” other relative (specify), “foster parent,” or “guardian.” If there is no legal representative, you may leave this field blank or write “NA.”
- Signature of Beneficiary or Legal Representative and Date: Ask the beneficiary or the legal representative (as defined above) to sign here and document date of signature. The signature date cannot be after the date that the *Risk Identifier* is administered. If the beneficiary does not have a legal representative and cannot sign her name, ask her to sign her mark.
- Signature of MIHP RN or SW: The RN or SW signs here, with credentials, and documents the date of signature. The signature date cannot be after the date that the *Risk Identifier* is administered.